

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

692

FILED JAN 22 1958

STATE FILE NUMBER

Registration District No.

82

Primary Registration District No.

3017

Registrar's No.

5

1. PLACE OF DEATH

a. COUNTY

Cooper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Boonville

Inside Limits
Yes ☒ No ☐

c. CITY
OR
TOWN

Tipton

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Haas Nursing Home

Length of stay in 1b

1 Month

d. STREET
ADDRESS

(If outside, give location)

5 Mi East of Tipton

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Herman

Middle

Wiley

Last

Lander

4. DATE
OF
DEATH

Month

Day

Year

Jan

9

1958

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

July 8, 1875

9. AGE (In years last birthday)

82

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Clarksburg, Missouri

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13a. FATHER'S NAME

Thomas N. Lander

13b. MOTHER'S MAIDEN NAME

Mary Ann Renshaw

14. NAME OF HUSBAND OR WIFE

Lilian Lander

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs Chas Evans

Address

Syracuse, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.; etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
-Death occurred at

Dec 28-57, to Jan 9-58 and last saw him

5:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

Jan 8-58

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan 12, 1958

23c. NAME OF CEMETERY OR CREMATORY

Clarksburg Masonic

23d. LOCATION (City, town, or county)

Clarksburg, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Jessie E. Richards

Licensed Embalmer No. *2466*

P. O. Address *Lipton, ME*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. .

If this body is not embalmed, fact should be so stated above.